MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/585208	7-3-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 1ˢᵗ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 1ˢᵗ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
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11		1						61						
12		1						62						
13		1						63						
14			1					64						
15				1				65						
16				1				66						
17				1				67						
18				1				68						
19				1				69						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			1					TOTAL IND.						
TOTAL DEP.			5					TOTAL DEP.						
TOTAL CLAIMS			6					TOTAL CLAIMS						